

HOUSE No. 4668

The Commonwealth of Massachusetts

By Mr. Koutoujian of Waltham, for the committee on Financial Services, on House, No. 3897, a Bill relative to post-partum depression (House, No. 4668). May 13, 2010.

FOR THE COMMITTEE:

NAME:	DISTRICT/ADDRESS:
Peter J. Koutoujian	10th Middlesex

The Commonwealth of Massachusetts

In the Year Two Thousand and Ten

An Act relative to post-partum depression.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Whereas, the general court finds that it is the policy of the commonwealth to provide its residents with laws that protect the public health; and whereas, it is the policy of the commonwealth to provide its residents with access to affordable, high-quality health care insurance; and whereas, the general court has found the high human and economic impact of undiagnosed post-partum depression, not only on mothers, but on babies, children, and whole families, the general court finds the need to address the issue of perinatal depression. The general court finds that all new mothers would benefit from screening for depression during pregnancy and post-partum. The general court encourages the department of public health, health care providers, non-profits and health insurance providers to engage on this particular matter, and jointly, to develop a culture of awareness, de-stigmatization and screening for perinatal depression, so that residents of the commonwealth may be assured of the most effective and affordable provision of public health possible. The department shall engage on perinatal depression as a public health priority, and may develop regulations, policies and resources as it deems appropriate to address the issue of perinatal depression.

SECTION 2. (a) There shall be a special commission on postpartum depression to provide guidance and advice to the governor, the general court and the secretary of health and human services on current research on postpartum depression, including, but not limited to, best and promising practices in the prevention, detection, and treatment of same and to recommend policies, including legislation, to promote greater public awareness, screening and treatment of postpartum depression. The special commission may conduct public hearings, forums or meetings to gather information and to raise awareness of postpartum depression, including the sponsorship of or participation in statewide or regional conferences.

(b) The commission shall be comprised of (i) 4 members of the senate, 3 of whom shall be members of the majority party and 1 of whom shall be a member of the minority party who shall be appointed by the minority leader; provided, however, that 1 member of the senate shall be designated as co-chair of the commission; 4 members of the house of representatives, 3 of whom shall be members of the majority party and 1 of whom shall be a member of the minority party who shall be appointed by the minority leader; provided, however, that 1 member of the house shall be designated as co-chair of the commission;

(ii) the following 6 members, who shall serve ex officio: the commissioner of the department of public health, the commissioner of the department of mental health, the commissioner of insurance, the commissioner of the department of children and families, the commissioner of early education and care, the director of Medicaid, or their designees; (iii) 1 representative of the Massachusetts Chapter of the National Association of Social Workers, 1 representative appointed jointly by the Massachusetts Midwives Association and the Massachusetts Affiliate of the American College of Nurse Midwives who is a midwife licensed to practice in Massachusetts, 1 representative from Nurses United for Responsible Services, who shall be an advance practice psychiatric nurse, 1 representative from the Massachusetts Coalition of Nurse Practitioners, who shall be a nurse practitioner, 1 representative of the Massachusetts Psychological Association, who shall be a psychologist, 1 representative from the children's behavioral health advisory council established by Chapter 321 of the Acts of 2008, 1 representative from the Massachusetts Behavioral Health Partnership, or any managed care organization or managed care entity contracting with MassHealth, 5 representatives of the Massachusetts Medical Society appointed in consultation with their relevant specialty chapters including a pediatrician, an obstetrician, a family physician, a psychiatrist, and a child and adolescent psychiatrist; (iv) 1 woman who has experienced postpartum depression and 1 representative from a regionally-based nonprofit group currently serving sufferers of postpartum depression, who shall be appointed by the co-chairs of the commission; (v) 4 persons appointed by the commissioner of insurance with at least one representative from the Massachusetts Association of Health Plans, and 3 representatives from commercial health insurance carriers or managed care organizations doing business in the commonwealth; and (vi) no more than 2 additional members appointed by the co-chairs of the commission.

(c) The organizational meeting of the commission shall be convened by the co-chairs not later than 60 days after the effective date of this act whether or not all of its members have been appointed and qualified.

(d) The special commission shall make an investigation and study of postpartum depression, including, but not limited to: (1) an assessment of current research on the subject and whether there exist evidence-based, best or promising practices on the prevention, detection and/or treatment of postpartum depression; (2) a review of current policies and practices with respect to screenings for postpartum depression, including frequency, locations, who administers them, the availability of reimbursement and issues surrounding medical necessity and third-party coverage; (3) assist the department of public health, other state agencies and organizations in the development of professional and public educational materials and programs on postpartum depression, in the development of referral lists for postpartum depression treatment, building on existing resources, and in the designation of authorized validated screening tools; (4) assist the department of public health, other state agencies and organizations with respect to applications for federal funding to support efforts consistent with the mission and purpose of the commission; and any other matters that the special considers relevant to the fulfillment of its mission and purpose.

(e) The special commission shall file an annual report at the end of each fiscal year with the office of the governor, the clerk of the house of representatives and the clerk of the senate, along with recommendations, if any, together with drafts of legislation necessary to carry those recommendations into effect. The special commission may file such interim reports and recommendations, as it considers appropriate.

69 **SECTION 3.** In consultation with the special commission, the department of public health may develop
70 regulations, policies and resources to address postpartum depression including: public and professional
71 education curricula, plans, and materials; referral lists, building on existing resources; and the
72 authorization of validated screening tools.

73 **SECTION 4.** Chapter 175 of the General Laws is hereby amended by inserting after section 47Z the
74 following section:-
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76 Section 47AA. All health insurance companies licensed to do business in the Commonwealth shall
77 submit an annual report on their activities with respect to screening for postpartum depression. The report
78 shall be filed at the end of each fiscal year with the commissioner of public health, the clerk of the house
79 of representatives and the clerk of the senate. Following receipt of the reports, the commissioner of
80 public health shall issue an annual summary of the reports, including highlighting best practices and
81 effective policies.